

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-26-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The office visit on 11-25-03 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 8-20-03 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

- **The carrier denied CPT Code 99213 for 2-17-04 with the statement, "Denied per RME report attached." In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. There is no MAR for this code. In accordance with Rule 134.202(d)(2) reimbursement shall be the least of the MAR amount or the health care provider's usual and customary charge.** Reimbursement is recommended in the amount of \$49.58.
- The carrier denied CPT Code 99080-73 for 2-17-04 with the statement, "Denied per RME report attached." However, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and, therefore, recommends reimbursement.

- Requester submitted relevant information to support delivery of service.
Per Rule 134.1(c) recommend reimbursement of CPT Code 99080-73 for date of service 2-17-04 for \$15.

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees:

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is applicable for dates of service 11-25-03 through 2-17-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 5th day of October, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

September 13, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-4050-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

Dear

___ has performed an independent review of the medical records of the above-named

case to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Pain Management & Neurology and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: correspondence (05/28/04), office notes (01/07/02 - 02/17/04), initial neurologic evaluation (05/12/92, nerve conduction study (08/21/01)

Information provided by Respondent: required medical exam (08/09/02).

Clinical History:

This claimant has had bilateral carpal tunnel syndrome, which has been ongoing at least since 1999, if not earlier. She has had a total of two carpal tunnel release surgeries on the right as well, as one carpal tunnel release surgery on the left in addition to a ganglion cyst removal. The right side appears to have always been more symptomatic than the left. She did have an acute worsening of the left hand symptoms from a work injury on ____ when she "snapped her left hand" causing immediate and acute onset of pain over the left wrist and into the first three digits.

EMG study results on 08/21/02 prior to this exacerbation were interpreted as showing evidence of bilateral carpal tunnel syndrome of a moderate degree, with evidence of progressive deterioration when compared to the study from 7/20/99, but without evidence of cervical radiculopathy, peripheral neuropathy, etc. Progress notes since the exacerbation that occurred in ____ suggest that the acute flare up of the left-sided symptoms may have quieted down, perhaps after a set of bilateral carpal tunnel injections. Progress notes afterwards (April 2002 and onwards) indicate, again, that the right side was worse than the left. It appears that the carpal tunnel injections, however, resulted in clinical improvement of the carpal tunnel syndrome, with the claimant indicating that she is "doing better". However, ongoing symptoms of numbness, pain, and weakness have been documented

Disputed Services:

Office visit on 11/25/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the office visit on 11/25/03 was medically necessary in this case.

Rationale:

On review of the medical records provided, no significant difference to the office visit dated 11/25/03 was found, as this is just one office visit of many for the same problem. It appears that the claimant has been followed for several years now for carpal tunnel syndrome bilaterally. Certainly, her history of diabetes may have put her at greater risk for development of certain neuropathic conditions such as nerve compression (like carpal tunnel syndrome); however, the reviewer would not necessarily implicate the diabetes as the "cause" of the carpal tunnel syndrome. The fact that she does improve symptomatically after injections into the carpal tunnels would implicate an ongoing irritation from compression, which is temporarily relived with the anti-inflammatories and injections of steroid. A median neuropathy purely from diabetes, presumably due to nerve injury metabolically or due to a vascular insult would not be expected to improve with steroid injections, even temporarily.

Since the carpal tunnel syndrome condition has been followed all along as a workman's compensation case, the office visit dated 11/25/03 should certainly be considered an appropriate follow-up visit.

Sincerely,